

"FEE ADDRESS" INDICATION FORM

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Please recognize as the "Fee Address" under the provisions of 37 CFR 1.363 the address associated with the following customer number:

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☐ Request for Customer Number (PTO/SB/125) attached hereto

In the following listed application(s) for which the Issue Fee has been paid or patent(s).

PATENT NUMBER (if known)	APPLICATION NUMBER
7,780,012	

(check one)

<input type="checkbox"/> Applicant/Inventor	<u> /Sun Y. Pae/ </u> Signature
<input checked="" type="checkbox"/> Attorney or Agent of record <u> 61401 </u> (Reg. No.)	<u> Sun Y. Pae </u> Typed or printed name
<input type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73 (b) is enclosed. (Form PTO/SB/96)	<u> 815-633-5300 </u> Requestor's Telephone Number
<input type="checkbox"/> Assignment recorded at Reel Frame	<u> September 7, 2010 </u> Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 1 form is submitted.